TAB TAB **TAB** TAB **TAB** 

## REQUEST FOR ACCELERATED PAYMENT OF SRB - HARDSHIP OR COMPASSIONATE For use of this form, see AR 601-280; the proponent agency is MILPERCEN

DATA REQUIRED BY THE PRIVACY ACT						
AUTHORITY:	Section 308, Title 37, US code, as amended by public law 93-277. Armed Forces Enlisted Personnel Bonus Act of 1974, 10 May 1974.					
PRINCIPAL PURPOSE:	To obtain data on service member's financial condition.					
ROUTINE USES:	As a source document for the personnel manager to determine propriety of accelerated payment of Selective Reenlistment Bonus (SRB) to enlisted applicants.					
DISCLOSURE:	Voluntary. However, failure to provide any or all of the requested information may result in the personal manager not having sufficient information on which to base an approval of the enlisted member's request.					
SECTION A - (To be completed by requestor)						
1. NAME (Last, First, MI) 2. SSN 3. GRADE 4. MOS 5. DATE						5. DATE
6. DATE AND LENGTH OF REENLISTMENT 7. NUMBER OF DEPENDENTS 8. UNIT AUTOVON NO.						
9. HAVE YOU SUBMITTED	ANY PREVIOUS RE	QUESTS FOR ACCELER.	ATED SRB	YES	NO	
IF SO, WHAT ACTION V	VAS TAKEN ON YO	OUR REQUEST?	APPROVED [	DISAPPROVED	RETURNE	D WITHOUT ACTION
10. INDIVIDUAL/FAMILY INCOME (Ref Col 5. LES) a		AMOUNT b	11. COLLECTIONS (Ref Col 8. LES)			AMOUNT b
a. BASIC PAY			a. FEDERAL INCOME TAX			~
b. QUARTERS ALLOWANCE			b. FICA			
c. RATIONS/VHA			c. SOLDIER'S HOME/SGLI			
d. PRO PAY			d. AER/CFC CONTRIBUTIONS			
e. SPOUSE'S MONTHLY INCOME			e. INSURANCE (COL 7, LES)			
TOTAL			TOTAL			
12. ALLOTMENTS, ADVAN PAY(s) & EXPENDITURE a		PURPOSE b	BALANCE REMAINING C	MONTHLY PAYMENT d	DATE INCURRED e	DATE TO LIQUIDATE
a. RENT/HOME PAYMENT						
b. FOOD						
c. AUTO UPKEEP/FUEL						
d. AUTO INSURANCE						
e. OTHER INSURANCE						
f. UTILITIES (including phone	e)					
g.						
h.						
i.						
j.						
k.						
TOTAL						
13.				L		
I,, REQUEST IMMEDIATE PAYMENT OF						
	(SIGNAT)	JRE)			INUIVIB	EN)
ACCELERATED INSTALLMENT (S) OF MY REMAINING SRB/VRB. A TOTAL OF \$ TO BE USED FOR THE FOLLOWING						
PURPOSE:						
		SECTION B - (To b	e completed by servic	ring FAO)		
14.						
A REVIEW OF SSN PERSONAL FINANC						
TYPED NAME/SIGNATURE DATE						